· 😼			PTC/SB/21 (U2-U4)
	Application Number	09/830,830	
TRANSMITTAL	Filing Date	April 30, 2001	
FORM	First Named Inventor	Flax, Solomon	
(to be used for all correspondence after initial filing)	Art Unit	1742	
	Examiner Name	Lewis Baltimore, K.L.	
Total Number of Pages in This Submission	Attorney Docket Number	082845-000000US	

ENCLOSURES (Check all that apply)											
\boxtimes	Fee Trans	mittal For	m		Drawing(s)			After Allow to Group	ance Communication		
	Fe	e Attach	ed		Licensing-relate	d Papers		mmunication to Board and Interferences			
	Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement		Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund			Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): Return Postcard Preliminary Amend. of 8/12/03 Facsimile Result Report					
Certified Copy of Priority		CD, Number of CD(s) USPTC			O Auto-Reply FacsImile Transmittal narge any additional fees to Deposit						
Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53					Accour	nt 20-1430.		·			
,			SIGNA	TURE	OF APPLICA	NT, ATTORNEY, C	OR AGE	NT			
Firm	irm Townsend and Townsend and Crew LLP										
or Individ	ual name	Nathan S. Cassell Reg. No. 42,396									
Signate	ure								•		
Date		June 28, 2004									
$\overline{}$			· C	ERTIF	CATE OF TR	ANSMISSION/MA	LING				
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.											
Typed	Typed or printed name Monique M. Butler										
Signature Con [Rotter			Date	June 28, 2004				

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